

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10 820035** FILED DATE
APPLICANT(S)

CLAIMS

	AD FILED		ADDITIONAL ASSIGNMENT		ADDITIONAL ASSIGNMENT	
	DID	DEP	DID	DEP	DID	DEP
1	1					
2						
3		1				
4		2				
5		1				
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TOTAL IND.	1					
TOTAL DEP.	4					
TOTAL CLAIMS	5					

	DID	DEP	DID	DEP	DID	DEP
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